

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWA. STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	or Print Clearly)			
NAME(Last)	(First)	(Middle)	TELEPHONE		
	, ,	. •	(445) 404 0747		
HILLEBRAND	GAIL		(415) 431-6747		
MAILING ADDRESS (Street)			FAX		
1535 MISSION STREET			(415) 431-0906		
(City)	(State)	(Zip	Code)		
SAN FRANCISCO	CA	94	94103		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
CONSUMERS UNION OF U.S., INC.			(415) 431-6747		
MAILING ADDRESS (Street)		-	FAX		
1535 MISSION STREET			(415) 431-0906		
(City)	(State)	(Zip	Code)		
SAN FRANCISCO	CA	941	03		

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do	TELEPHONE (415) 431-6747	
CONSUMERS UNION OF U.S., INC		·
MAILING ADDRESS (Street)		FAX (415) 431-0906
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1535 MISSION STREET		
(0)1	(Otata)	(Zin Codo)
(City)	(State)	(Zip Code)
SAN FRANCISCO	FRANCISCO CA	
NAME OF PERSON RESPONSIBLE FOR PREPARING O	TELEPHONE (415) 431-6747	
ELICA ODADACHIANI		
ELISA ODABASHIAN		
MAILING ADDRESS (Street)		FAX (415) 431-0906
/		
1535 MISSION STREET		
(City)	(State)	(Zip Code)
(5.9)	•	, ,
SAN FRANCISCO	CA	94103
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PAR	T III DESCRIPTION (	OF SUBJECTS UPON WHICH	I YOL	J EXPECT TO LOBBY				
[ ]	Agriculture	[ ] Education	[]	Human Services	[ ]	Science, Technology & Economic Development		
[]	Communications & Public Utilities	[ ] Government Operations & Finance	[]	Intergovernmental Relations International Affairs	. [1	Tourism & Recreation		
[ <b>X</b> ]	Consumer Protection & Commerce	[ ] Hawaiian Affairs	ιi	Labor & Employment	[]	Transportation		
[1]	Culture, Arts, Historic Preservation	[ ] Health	[]	Planning, Land & Water Use Management	[1]	Other: (indicate below)		
[]	Ecology, Energy Environmental Protection	[ ] Housing	[]	Public Safety & Corrections				
PAR	T IV CERTIFICATION	N OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. 2/21/05								
(Signature of Lobbyist)					(Date)			
PAR		N TO LOBBY						
NAME			TIT	LE OF AUTHORIZING OFFI	CER OR F	PERSON REPRESENTED		
ELISA	ODABASHIAN	FINANCIAL MANAGER						
NAME	OF ORGANIZATION (if app	olicable)			TELEPHO	ONE (415) 431-6747		
CONS	SUMERS UNION OF U.S., IN	IC.						
MAILI	NG ADDRESS (Street)				FAX (415)	431-0906		
1535	MISSION STREET							
· · · · · · · · · · · · · · · · · · ·	(City)	(State) (Zip C		ode)				
SAN	N FRANCISCO CA 941			-				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.  2/21/05								

(Signature of Authorizing Officer or Person Represented)

(Date)